## **HINGHAM RECREATION DEPARTMENT Hingham Striders Fitness Room Registration**

LAST NAME:	FIRST NAME:	
ADDRESS:	TOWN:	ZIP:
HOME PHONE:	WORK PHONE:	
CELL PHONE:	EMAIL:	
EMERGENCY CONTACT NAME:		
PHONE(Not listed above):	RELATIONSHIP	<b>:</b>
I or I/We	egistrant to participate in programs sponsible and Recreation Department will provide the will abide by the rules of the Hingham bry staff, including sponsors, employees, related to the activity. I/We also acknown ich I/We may have arising from the regin, a municipal corporation of the Commiss and any and all individuals and organized Hingham ("the Releasees") from any expenses, compensation and attorney's forwn and unknown personal injuries to my e Town of Hingham's voluntary athletic dian of said minor child and which said in JRSE, DEFEND, and HOLD HARMLE ay have been asserted in the past, or may as, arising from personal injuries to mysel to Town of Hingham's voluntary athletic consent, Release from liability and indemistand that my and/or my child's participate in said programs. By signing this A pate in the Town of Hingham athletic or in the for personal injury and property dament athletic or recreation programs. Permist	sored by the Town of Hingham le supervision for the safety and well a Recreation Department and the Town by volunteers and other personnel.  Iteledge that the registrant may not distrant's participation in the activity.  Iteledge that the registrant may not distrant's participation in the activity.  Iteledge that the registrant may not distrant's participation in the activity.  Iteledge that the registrant may not distrant's participation in the activity.  In and all claims, actions, rights of action diese that may have arisen in the past, or diese that may have arisen in the activity.  The past of the Town diese that the Town diese